

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTICE OF RIGHT TO APPEAL RETURN AND APPEAL OF RETURN FROM AUTHORIZED LEAVE	FILE NO.
---	--	-----------------

In the matter of _____

The above individual has been on authorized leave from a hospital or center for more than 10 days. The individual was then returned to the hospital or center involuntarily, as follows:

Date of last order	Date of return	Time of return	Age of individual	Name of hospital/center

NOTICE OF RIGHT TO APPEAL

You have a right to appeal your return to the hospital or center and have a hearing to determine the appeal. If you wish to appeal, notify the _____ Court within 7 days after receipt of this notice. Complete the the petition below and send a copy to the court. In the case of a child less than 13 years of age, the appeal must be made by the the parent or guardian.

PROOF OF SERVICE

I certify that this notice was personally served on the above individual on _____ at _____ ,
 Date Time
 and a copy was mailed to _____ Court on _____ .
 Date

 Signature

NOTE TO COURT: MCR 5.743 and 5.743b requires form PCM 227 be sent to the individual's attorney.

PETITION APPEALING RETURN TO HOSPITAL

I appeal my return to the hospital/center and demand a hearing.

☐ I request court appointed legal counsel.

I declare that this petition for appeal has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

☐ individual
☐ parent
☐ guardian

 Date

 Signature

Do not write below this line - For court use only